



HEALTH RISK ASSESSMENT FORM

For permit applications that cause emission levels above triggers in Regulation 2, Rule 5

All fields are required unless otherwise noted. Please type or print.

Mail to: BAAQMD Engineering Division 375 Beale St., Suite 600 San Francisco, CA 94105 Tel: (415) 749-4990

1. Facility Identification

Table with 2 columns: Facility Name, BAAQMD Facility ID (Existing facilities only)

2. Area Map (See instructions)

I have completed an area map and attached it with this form. Yes No

3. Building Information – Attach separate sheet if additional space is needed.

The dimensions of the buildings listed in this section are in: (Select one) Feet Meters

Provide information on all buildings identified in the area map from Part 2.

Table with 6 columns: Building #, Building Name, Height, Width, Length, Type of Occupants

4. Device Location – Attach separate sheet if additional space is needed.

Provide information on all devices included in this application. For new devices, skip BAAQMD Device ID. If device is outside, skip Building #.

Table with 4 columns: BAAQMD Device ID, Device Name, Location, Building #

5. Certification/Signature of person responsible for the information on this form.

This form contains confidential information. No Yes (If Yes, see instructions.)

I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is true and correct.

Table with 3 columns: Name, Title, Signature, Date, Phone (xxx-xxx-xxxx)



## Instructions: Health Risk Assessment (HRA) Form

---

### Introduction

Use the following instructions to help guide you through the **HRA Form**.

BAAQMD evaluates new and modified devices to determine potential public exposure and health risk. Applications with toxic emissions may be required to provide additional information on the **HRA Form** and an **Emission Point Form**.

An HRA is an analysis that estimates the increased likelihood of health risk for individuals in the affected population that may be exposed to emissions of one or more toxic air contaminants (TAC). TAC is an air pollutant that may cause or contribute to an increase in mortality or in serious illness or that may pose a present or potential hazard to human health.

---

### Who should use this form?

This form is for:

- Permit applications for devices that emit or potentially emit TACs in quantities over the threshold levels in Table 2-5-1 (See [BAAQMD Regulation 2-5](#)). If you are unsure of your application's emissions, BAAQMD staff will contact you if this form is required.
- 

### BAAQMD Facility ID

If you are an existing facility, fill out this field so that BAAQMD can associate your changes to your facility. This Facility ID is available on your Permit to Operate or invoice issued by BAAQMD.

---

### Area Map

Provide an area map (aerial photo is recommended) of your facility. The information on the map is used to populate data for the **HRA form**, so the information must be consistent. The map should:

- Clearly demonstrate the location of your facility, the buildings on the facility property, the device(s), and property lines and can optionally include surrounding buildings off the property.
- Clearly indicate the buildings within 300 feet of each device, facility boundaries, and zoning of the surrounding areas out to 1,500 feet beyond the property line.
- Have numbers for each building on the map.

An example of the area map is attached to the end of these instructions.

---

### Building Information

Provide information on all buildings identified on the area map. Indicate the type of occupants in each building.

- Employees: Facility employees or on-site workers
  - Other Workers: Off-site workers at other businesses.
  - Residents
  - Students
  - Mixed Use: A combination of any of the above occupant types.
  - No Occupants
-



**BAY AREA AIR QUALITY MANAGEMENT DISTRICT**  
BAAQMD  
Engineering Division  
375 Beale St., Suite 600  
San Francisco, CA 94105

**Device Location**    **BAAQMD Device ID** – The device ID is available on the permit issued by BAAQMD. For Gas Dispensing Facilities, the device ID is a new identifier and will be listed on your Permit to Operate if it was issued after March 5, 2012. Skip if this is not available.

Provide the locations of all devices in the application. Use the same BAAQMD device ID and name as on the device forms (including the Emission Point Form). For the location, choose from the following:

- Inside building
- On the roof
- Outside building

---

**Still need help?**    Call the Engineering Division at (415) 749-4990.

---

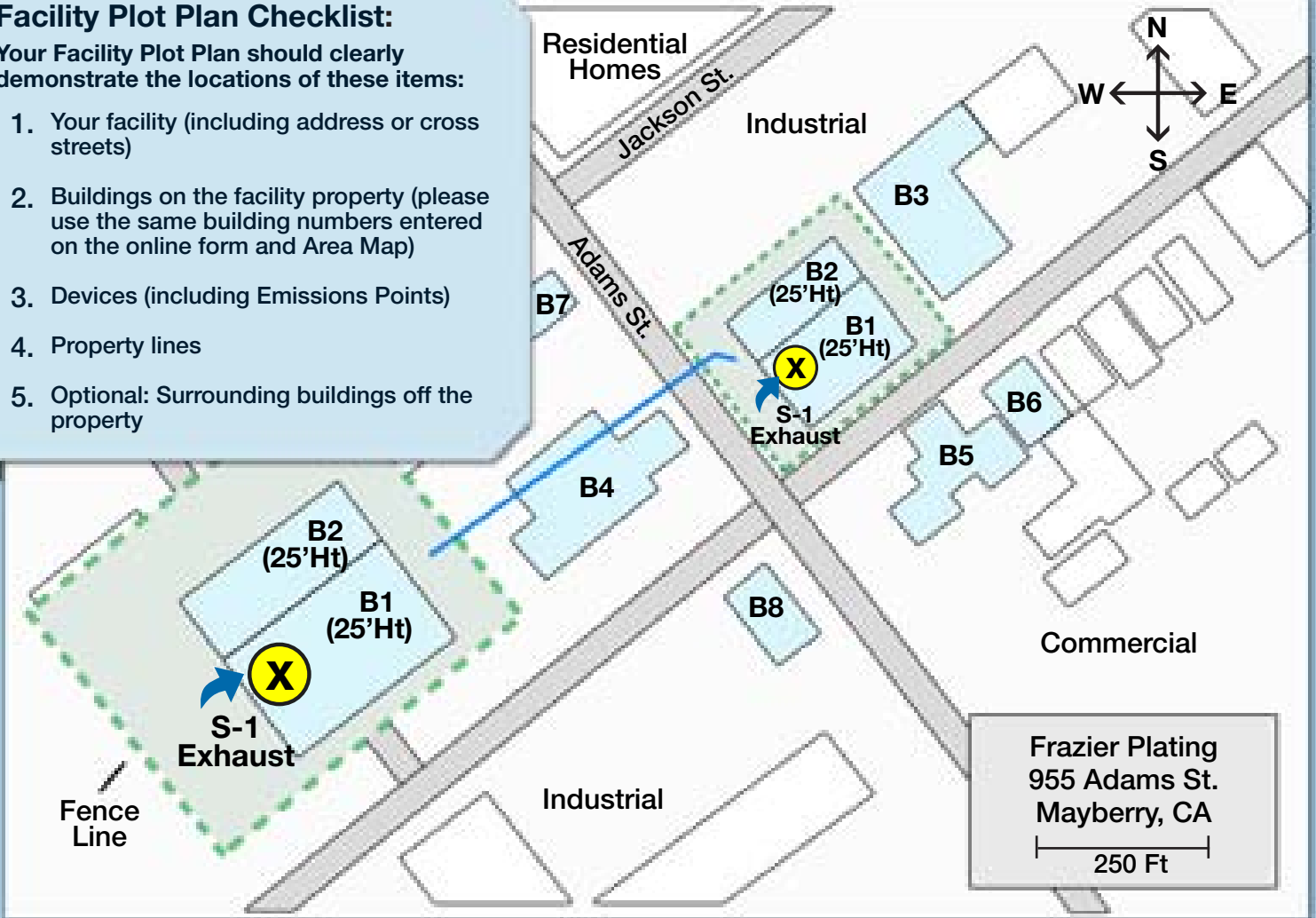
# Example Facility Plot Plan:

Frazier Plating, 955 Adams St, Mayberry, CA

## Facility Plot Plan Checklist:

Your Facility Plot Plan should clearly demonstrate the locations of these items:

1. Your facility (including address or cross streets)
2. Buildings on the facility property (please use the same building numbers entered on the online form and Area Map)
3. Devices (including Emissions Points)
4. Property lines
5. Optional: Surrounding buildings off the property



## Example Facility Area Map:

### Facility Area Map Checklist:

A Facility Area Map is an aerial image (or series of images) that include the facility property and surrounding area out to 1500 feet beyond the property line in all directions.

Your Area Map should clearly demonstrate the following:

1. Buildings within 300 feet of each device (please use the same building numbers entered on the online form and Area Map)
2. Facility boundaries
3. Zoning of the surrounding areas:
  - Residential
  - Commercial
  - Industrial
  - Mixed Use (please specify)



## Example Zoning Map:





HEALTH RISK ASSESSMENT FORM

For permit applications that cause emission levels above triggers in Regulation 2, Rule 5

All fields are required unless otherwise noted. Please type or print.

Mail to: BAAQMD Engineering Division 375 Beale St., Suite 600 San Francisco, CA 94105

Tel: (415) 749-4990

1. Facility Identification

Table with 2 columns: Facility Name, BAAQMD Facility ID (Existing facilities only). Row 1: Frazier Plating, 12345

2. Area Map (See instructions)

I have completed an area map and attached it with this form. [X] Yes [ ] No

3. Building Information – Attach separate sheet if additional space is needed.

The dimensions of the buildings listed in this section are in: (Select one) [X] Feet [ ] Meters

Provide information on all buildings identified in the area map from Part 2.

Table with 6 columns: Building #, Building Name, Height, Width, Length, Type of Occupants. Includes buildings like Frazier Painting (Shop), Frazier Warehouse, The 24/7 Store, etc.

4. Device Location – Attach separate sheet if additional space is needed.

Provide information on all devices included in this application. For new devices, skip BAAQMD Device ID. If device is outside, skip Building #.

Table with 4 columns: BAAQMD Device ID, Device Name, Location, Building #. Row 1: S-1, Metal Coating Operation, Southwest Corder of Building, B-1. Large red watermark 'DO NOT USE' is overlaid.

5. Certification/Signature of person responsible for the information on this form.

This form contains confidential information. [X] No [ ] Yes (If Yes, see instructions.)

I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is true and correct.

Table for signature and contact info. Columns: Name, Title, Signature, Date, Phone. Row 1: Jane Doe, Compliance Manager, [Signature], 5/4/2016, 415-555-1234